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0001/PTO Rev. 10/95	U.S. Department of Commerce Patent and Trademark Office			Application Number		N/A			
				Filing Date		N/A			
TRANSMITTAL FORM			First Named Inventor		N/A	N/A			
(to be used for all correspondence during pendency of filed application)			Examiner						
				Group Art Unit					
Total Number of Pages in This Submission /2				orney Docket Numb	er 222	22271-01000			
	FNCL	OSURES	(c	heck all that ar	ooly)				
Fee Transmittal  Cher Return Receipt Response to Not Assignment & R Declaration Power of Attom Application Data Information Disc Copie Request for Cor Request for Cor Amendment/Re Status Request	(check all that apply)  Request to Withdraw as Attorney or Agent in Patent/Application Nos. 6,968,557 10/782,529 09/767,365 09/747,663 09/723,753 09/849,007 09/687,997 10/877,362 10/882,997 10/782,739 10/782,726				529				
Revocation and	Substitute Power of Att	orney							
REMARKS:									
	SIGNA	TURE OF	ΑT	TORNEY OR A	BENT				
Signature:									
Attorney/Reg. No.: Rimma Budnitskaya, Reg. No. 48,237 Dated: December 1						December			
CERTIFICATE OF FACSIMILE TRANSMISSION									
I haraby certify that this correspondence, including the unclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.									
Signature:									
Typed or Printed Name: Rimma Budnitskaya Deted: December / 2, 2005							December, 2005		
Facsimile Number: (571) 273-8300									

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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/782,529	
Filing Date	February 18, 2004	
First Named Inventor	Abhishek Chauhan	
Group Art Unit	2141	
Examiner Name	Not yet known	
Attorney Docket Number	22271-08772	

To:	Commissioner for P.O. Box 1450 Alexandria, VA 22								
I hereby apply to withdraw as attomey or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.									
The rea	sons for this reques	at are:							
The clie	The client knowingly and freely assents to termination of the employment.								
							7		
							:		
1. 🗆	The corresponder	ce address is NO'i'	affected by this w	ithdrawal.			į		
2. 🗵									
			_						
Firm or		Choate, Hall & Ste	ewart, LLP						
Individu	al Name								
Address	·	Two International Place							
Address	5						<del></del> _		
City		Boston		State	MA	Zip	02110		
Country		United States							
Telepho	one	(617)-248-5000		Fax	(617)-248-4000				
<ul> <li>☑ This request is made on behalf of myself and</li> <li>☑ all the attorneys/agents of record,</li> <li>☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or</li> <li>☐ the attorneys/agents associated with Customer Number</li> <li>On whose behalf I have signed this request and on whose behalf I am authorized to sign.</li> </ul>									
Name		Rimma Budnitska	ya, Reg. No. 48,2	37					
Signatu	re	m							
Date		December 19, 2005							
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									

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